AUG 1 7 2004 STRADEWARD

Docket No.: 119352

## DECLARATION AND POWER OF ATTORNEY FOR CONTINUATION-IN-PART APPLICATION (PCT)

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated below next to my name;

I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint entitled:

RETRACTABLE CABLE ASSEMBLIES AND DEVICES INCLUDING THE SAME

described and	claimed	in the	specification:
Check one			-p

a. □ attached hereto.
 b. ② filed on April 5 as Application Serial No. 10/816,852

This application in part discloses and claims subject matter disclosed in my earlier filed International Application NoRCT/AU02/01347, filed 4. October, 2002

I have reviewed and understand the contents of this application, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations §1.56.

Under Title 35, U.S. Code §119, the priority benefits of the following forcign application(s) filed within one year prior to said international application are hereby claimed:

Australian Patent Application No. PR8111 filed 5 October 2001

The following application(s) for patent or inventor's certificate on this invention were filed in countries foreign to the United States of America either (a) more than one year prior to said international application, or (b) before the filing date of the above-named foreign priority application(s)

As to any and all subject matter of this application which is not common to said earlier application, I acknowledge the duty to disclose to the Office all information known to me to be material to patentability as defined in Title 37, Code of Federal applications, §1.56, which became available between the filing date of the international application and the filing date of this

Under Title 35, U.S. Code §119, the priority benefits of the following foreign application(s) filed within one year prior to this application are hereby claimed:

The following application(s) for patent or inventor's certificate on such subject matter were filed in countries foreign to the United States of America either (a) more than one year prior to this application, or (b) before the filing of the above-named foreign priority application(s):

I hereby appoint the following as my attorneys of record with full power of substitution and revocation to prosecute this application and to transact all business in the Patent Office;

James A. Oliff, Reg. No. 27,075; William P. Berridge, Reg. No. 30,024; Kirk M. Hudson, Reg. No. 27,562; Thomas J. Pardini, Reg. No. 30,411; Edward P. Walker, Reg. No. 31,450; Robert A. Miller, Reg. No. 32,771; Mario A. Costantino, Reg. No. 33,565; and Caroline D. Dennison, Reg. No. 34,494.

ALL CORRESPONDENCE IN CONNECTION WITH THIS APPLICATION SHOULD BE SENT TO OLIFF & BERRIDGE, PLC, P.O. BOX 19928, ALEXANDRIA, VIRGINIA 22320, TELEPHONE (703) 836-6400.

I hereby declare that I have reviewed and understand the contents of this Declaration, and that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

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_		Given Name	Middle Initial	HARCOURT
Inventor's	<del>-</del>		A A MINITERINI	Family Name
Date of Sig	gnature	June	28	2004
Residence:	South Melbourne	<u> </u>	Day Victoria	<b>Year</b> Australia
Citizenship:	Australian	City	State or Province	Country
(	Post Office Address: Insert complete mailing address, including country)	c/o Grey Innovat:	ent, South Melbo	
Typewritten of Joint Inv	Full Name	Victoria, 3205, A	SUSTRALIA	
Inventor's	Signature:	Given Name	Middle Initial	Family Name
Date of Sig	_			
Residence:		Month	Day	Year
Citizenship:		City	State or Province	Country
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Inventor's	Signature:	Given Name	Middle Initial	Family Name
Date of Sig	nature:			
Residence:		Month	Day /	Year
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Residence:		Month		Year
Citizenship:	•	City	State or Province	Country
(In	ost Office Address: usert complete mailing dress, including country)			

"If Box n. is checked, this form may be executed only when attached to the specification (including claims) at the end thereof. This form may be executed only when attached to the first page of the Declaration and Power of Attorney of the application to which it pertains.

Note to Inventor: Please sign name on line 2 exactly as it appears in line 1 and insert the actual date of signing on line 3.

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